

CLAIMS ONLY							Application Number		Filing Date		
							Applicant(s)				
* May be used for additional claims or amendments											
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend
1	/						51				
2	/						52				
3	/						53				
4							54				
5	/						55				
6	/						56				
7	/						57				
8	/						58				
9	/						59				
10	/						60				
11	/						61				
12	/	*					62				
13	/						63				
14	/						64				
15	/						65				
16	/						66				
17	/	*					67				
18							68				
19							69				
20							70				
21							71				
22							72				
23							73				
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39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total Indep	3						Total Indep				
Total Depend	15						Total Depend				
Total Claims	18						Total Claims				